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March 14, 2001

To: CBA Home and Community Support Services Agencies and
Primary Home Care Provider Agencies participating in the Expedited
Payment Process

Subject: CMS Information Letter No. 2001-03
Expedited Payment Process

The expedited payment process was implemented several years ago to expedite claims for eligible provider agencies providing personal assistance services. The process was designed so that a provider agency received a substantial portion of payment at the beginning of the month after services were provided. Using the expedited payment process reduced the turnaround time for reimbursement, thus providing agencies with better cash flow.

With the implementation of the Claims Management System (CMS), additional resources to expedite payment became available.

Provider agencies can:

- 1) bill twice a month for initial services instead of submitting only one claim per month.
- 2) create templates to avoid duplicate data entry.
- 3) monitor and resubmit claims denied for payment immediately.
- 4) submit unlimited supplemental claims during a month.

Most important, provider agencies are able to receive payment more expediently; generally within 5-7 days.

Considering the benefits offered through CMS, we ask that provider agencies reconsider their current business operations and re-evaluate the need to continue participating in the expedited payment process. If your agency decides not to continue billing through the expedited payment process, please submit a letter to your regional contract manager to that affect. If your agency decides to continue using the expedited payment process, provider agencies must monitor the status of their expedited payment on a monthly basis. For example: ensure that the previous expedited payment was liquidated at the time the

ceiling is set for the next month and also that no retroactive adjustments resulted in negative amounts which will cause the expedited payment to be denied. To find out if the expedited payment was processed or denied, the provider agency should submit a Claims Status Inquiry (CSI).

If retroactive adjustments result in the denial of the expedited payment, the provider agency must contact the DHS contract manager for assistance in obtaining an administrative payment or bill through the regular payment process.

We hope this information is helpful. If you have any questions about the expedited payment process, please contact your regional contract manager.

Sincerely,

signature on file

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services

BB:mgm